



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
SHORT	William	O'KEEFE	349 5560
MAILING ADDRESS (Street)			FAX
49-811 KAMEHAMEHA Hwy			237 8928
(City)	(State)	(Zip Code)	
KAAAWA	HI	96730	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
AM-PRES			349 5560
MAILING ADDRESS (Street)			FAX
49-811 KAM Hwy			237 8928
(City)	(State)	(Zip Code)	
KAAAWA	HI	96730	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Building Industry Assn of Hawaii	847 4666	
MAILING ADDRESS (Street)	FAX	
1727 DILLINGHAM BLVD	842 0129	
(City)	(State)	(Zip Code)
HONOLULU	HI	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
ELIA SILVERMAN	847-4666 x204	
MAILING ADDRESS (Street)	FAX	
1727 DILLINHAM BLVD.	842-0129	
(City)	(State)	(Zip Code)
HONOLULU, HI		96819

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	ALL

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

W. O. K. Smith

(Signature of Lobbyist)

1/24/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<i>KAREN NAKAMURA</i>			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<i>BIA - HAWAII</i>		<i>847-4666 ext 203</i>	
MAILING ADDRESS (Street)		FAX	
<i>1727 Dillingham Blvd.</i>		<i>842-0129</i>	
(City)	(State)	(Zip Code)	
<i>Honolulu</i>	<i>HI</i>	<i>96819</i>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Karen Nakamura</i>		<i>1/24/05</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	